



In re Application of:

TETSUYA YANO, et al.

Application No.: 09/430,029

Filed: October 29, 1999

For: DNA FRAGMENT CARRYING
TOLUENE MONOOXYGENASE
GENE, RECOMBINANT
PLASMID, TRANSFORMED
MICROORGANISM, METHOD
FOR DEGRADING
CHLORINATED ALIPHATIC
HYDROCARBON COMPOUNDS
AND AROMATIC COMPOUNDS,
AND METHOD FOR
ENVIRONMENTAL
REMEDATION

Docket No. 03500.013982

Examiner: E. Slobodyansky

Group Art Unit: 1652

RECEIVED
AUG 14 2003
TECH CENTER 1600/2900

August 8, 2003

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 120	MINUS	** 120	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						Previously Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32622

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